

CLUSTER AREA: GENERAL SUPERVISION

Component GS.2:

Are appropriate and timely services ensured through interagency coordination and assignment of fiscal responsibility?

Data Sources:

- State Interagency Agreements
- LPCC and SPOE Request for Funds
- Local Interagency Agreements
- State Contracts
- Indiana Combined Enrollment Form
- ICC Annual Reports
- First Steps Program Description (prepared for MRDD Commission, fall 2001)
- CRO/Program Administration Report (prepared for MRDD Commission, fall 2001)
- CRO Claims Processing Database
- IFSP Form
- Indiana's Integrated Services for Children with Special Health Care Needs SPRANS Grant Report 1997-2002
- Making the Connection Video Series for Physicians

Performance Level: Meets Expectations

Conclusions:

- First Steps utilizes a Central Reimbursement Office (CRO) to process all claims for the provision of services. This electronic system creates authorizations based upon each eligible child's IFSP. Reimbursement is managed through a "pay and chase" method. Providers submit claims that are paid directly by the CRO. The CRO then seeks reimbursement based on a funding hierarchy individualized to each eligible child. Data shows exemplary claims processing. A sample analysis of one month of claims processing data shows 50,572 claims submitted, with 99% of all claims processed within one week.
- Collaborative CRO agreements with programs such as CSHCS and Medicaid, allow services to be provided without the need to submit additional authorization paperwork.
- Primary funding sources utilized for the payment of First Steps services include Maternal and Child Health Services Block Grant (Title V), Title XIX, Day Services for the Disabled, Federal TANF and TANF State MOE, and State Early Intervention dollars.
- In 1999 Indiana implemented legislation authorizing access to Fully Insured (Non-Erisa) health insurance up to \$3500 annually per child for services covered under the health insurance policy. Legislation also included access to insurance for State of

Indiana and University (publicly funded) employees covered under ERISA laws. While this legislation has been effective for two years, private insurance dollars have not been utilized to support the payment of services delivered. The state agency has identified barriers to accessing insurance and continues to work toward accessing these private insurance funds.

- Indiana uses a combined enrollment form to support family enrollment in a variety of state and federal programs including Children's Special Health Care Services, Medicaid and Maternal and Child Health programs. As a result of this effort, families have access to coordinated services in a variety of programs ensuring a comprehensive set of services and supports.

Strategies:

- Develop and implement a plan to successfully access private insurance funds to further support the financial impact of the service system.
- Continued education on the importance of the physician's involvement as a member of the IFSP team. Develop further strategies to involve physicians in the recommendation of services.
- Explore and implement software enhancements: Consideration will be given to entry of "other services", data/information that allows access to funding streams, and insurance information.
- Assess the effectiveness of all interagency agreements and improve as appropriate. Specific consideration will be given to the MOU with the Department of Health and Medicaid to ensure that the needs of all programs are being met.
- Ongoing use and education of the combined enrollment form. Encourage the use of this form by other agencies that make referrals to First Steps.

INDICATOR ANALYSIS

Performance Indicator GS2b:

All federal, state, private and local sources are exhausted before Part C funds are utilized.

Data Sources:

- ICC Annual Reports
- First Steps Program Description (prepared for MRDD Commission, fall 2001)
- CRO/Program Administration Report (prepared for MRDD Commission, fall 2001)
- CRO Claims Processing Database

Conclusions:

- First Steps utilizes a Central Reimbursement Office (CRO) to process all claims for the provision of services. This electronic system creates authorizations based upon each eligible child's IFSP. Reimbursement is managed through a "pay and chase" method. Providers submit claims that are paid directly by the CRO. The CRO then seeks reimbursement based on a funding hierarchy individualized to each eligible child. Data shows exemplary claims processing. A sample analysis of one month of claims processing data shows 50,572 claims submitted, with 99% of all claims processed within one week.
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Strategies:

- Develop and implement a plan to successfully access private insurance funds to further support the financial impact of the service system.
- Explore claims denials for funding streams outside the early intervention system to determine if modifications to the billing system would facilitate greater reimbursement.
- Continually seek out additional funding sources.

Performance Indicator GS-2f:

Are efforts for child find, evaluation and provision of services, coordinated through interagency agreements and other mechanisms?

Data Sources:

- Interagency Agreements
- Newborn Hearing Screen Legislation
- Newborn Hearing Screening Program Family Handbook
- ICC Annual Reports
- Unified Training System Semi-annual Reports
- LPCC and SPOE Request for Funds (RFF)

Conclusions:

- Indiana has recently revised Interagency Agreements with:
 - * The Department of Education, Division of Special Education and Head Start/Early Head Start;
 - * The Office of Medicaid Policy and Planning; and
 - * The Divisions of Mental Health, Disability Aging and Rehabilitative Services and the Bureau of Family and Children
- The Interagency Agreement with the Department of Health was revised by mutual agreement in 1999. This document is still awaiting signature. Both agencies continue to abide by the terms of the previous agreement.
- In 1999, the Indiana General Assembly passed legislation mandating universal hearing screening by all hospitals prior to infants' hospital discharge. All Indiana birthing hospitals have been participating since July 1, 2000. Policy manuals, general information brochures, referral brochures, and test certificates were developed and provided to all the hospitals by the Indiana State Department of Health (ISDH) in collaboration with First Steps Early Intervention Services. Best practice strongly encourages referrals being made to First Steps to track and follow up infants who tested with hearing impairment or at risk of hearing impairment.
- Part C and Part B have jointly funded a state transition team for training and technical assistance regarding transition through the UTS grant. The transition team is working with local communities to implement systemic change with regard to local transition policies, procedures and practices for children and families.
- Local Planning and Coordinating Councils (LPCC) at the county level are required to establish Interagency Agreements at the local level with the special education agency as well as referral sources. These agreements must be current for continued LPCC funding.

Performance Indicator GS-2g:

Does the SEA/LA develop and implement coordinated service systems to minimize duplication and ensure effective service delivery?

Data Sources:

- Combined Enrollment Form
- CRO Claims Processing Database
- SPOE Data Collection System
- Indiana's Integrated Services for Children with Special Health Care Needs SPRANS Grant Report 1997-2002
- Making the Connection Video Series for Physicians
- IFSP Form

Conclusions:

- Indiana uses a combined enrollment form to support family enrollment in a variety of state and federal programs including Children's Special Health Care Services, Medicaid and Maternal and Child Health programs. As a result of this effort, families have access to coordinated services in a variety of programs ensuring a comprehensive set of services and supports.
- Changes are currently under way to electronically gather the "other services" contained on a child's IFSP to ensure that all the people who touch the child are included, with family permission, as part of the IFSP team.
- The physician "medical home" is considered a critical member of the child and family's team. A physician health summary is completed as part of intake and the physician signs the IFSP as part of quality assurance.
- Through a partnership with the CSHCS program in Indiana, a video series was developed for the medical community that supports improved understanding of the two systems and the role of the physician in each system.

Strategies:

- Continued use of the combined enrollment form.
- Exploration of possible software modifications that would record "other services" in the IFSP.
- Implement training for Service Coordinators that focus on family interviewing to better educate staff on identifying family needs and services in which the family are involved.
- Continued education on the importance of the physician's involvement as a member of the IFSP team.